	Wednesday, September 1, 2021		
Item	Subject	First	Last
8	Non-Agenda Public Comment		
		Kathleen	Lippitt
		Barbara	Gordon
		KB	Strange
		Mark	Wilcox
		Diane	Grace
		Ann	Riddle
		Katie	Poponyak
		Becky	Rapp
		Kevin	Stevenson
		Camie	Martini
		Katheryn	Rhodes

(1)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

9-1-21
Date *(Fecha)*

San Macos Landfill Asphalt dumping
Subject *(Titulo de Agenda)*

Summer
First Name *(Nombre)*

Light
Last Name *(Apellido)*

20840 ELFIN FOREST RD
Address *(Direccion)*

ELFIN FOREST
City *(Ciudad)*

CA
State *(Estado)*

92029
Zip *(Codigo Postal)*

760 591-3111
Phone Number *(Numero de Telefono)*

SAN ELIJO HILLS
ELFIN FOREST CARLSBAD
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

2

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada – Solicitud para comentar)

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9/1/21
Date *(Fecha)*

Public Benefit At Loveland Reservoir
Subject *(Titulo de Agenda)*

Russell
First Name *(Nombre)*

WALSH
Last Name *(Apellido)*

4639 Monhel Truck Trail
Address *(Direccion)*

JAMUL
City *(Ciudad)*

CA
State *(Estado)*

91935
Zip *(Codigo Postal)*

619-922-6235
Phone Number *(Numero de Telefono)*

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(Organizacion o empresa a la que representa, si corresponde)

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3

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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9/11/2021
Date *(Fecha)*

Housing Cost + Valuations in SD County
Subject *(Titulo de Agenda)*

Dr Timothy
First Name *(Nombre)*

Blatch
Last Name *(Apellido)*

1155 Camino Del Mar #489
Address *(Direccion)*

Del Mar
City *(Ciudad)*

CA
State *(Estado)*

92014
Zip *(Codigo Postal)*

858-876-4855
Phone Number *(Numero de Telefono)*

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NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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9/1/21
Date *(Fecha)*

Covid
Subject *(Titulo de Agenda)*

Audra
First Name *(Nombre)*

Morgan
Last Name *(Apellido)*

Address *(Direccion)*

SD
City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke